

IDAHO STATE BOARD OF OPTOMETRY

APPLICATION FOR LICENSURE

INSTRUCTIONS

Attached is the required application form for licensure to practice optometry in Idaho. You must provide all of the information requested and the form must be signed and notarized. You must also review the Idaho Optometry Laws and Rules and complete the OPEN BOOK EXAM. The most current version of the Laws and Rules are available on the web at <http://www2.state.id.us/ibol/opt.htm>.

If you are seeking licensure by endorsement, you must also send a request for certification of licensure to the state(s) in which you currently hold licensure. The Board must receive certification of your licensure directly from the entity responsible for issuing your license(s).

You must provide or arrange to have provided to the Board the following credentials:

Certified copy of Optometry transcripts
Certified copy of Optometry college diploma
National Board Examination results

If applying for licensure by endorsement, you must also include certification of receiving a passing grade on the "Treatment and management of Ocular Diseases" examination administered by the National Board of Examiners in Optometry.

A completed application, supporting documentation, exam, and addendums (as appropriate) must be received by the Board office together with the required fee of \$100.00 before your application will be considered. An additional \$10.00 fee is required for a certificate to obtain & use therapeutic pharmaceutical agents.

Questions regarding this application or the requirements for licensure may be addressed to:

IDAHO STATE BOARD OF OPTOMETRY
BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
(208) 334-3233
FAX (208) 334-3945
opt@ibol.state.id.us

IDAHO STATE BOARD OF OPTOMETRY
Bureau of Occupational Licenses
1109 Main Street, Suite 220
Boise, Idaho 83702-5642

APPLICATION FOR LICENSURE

Please complete this form by providing the requested information (please print - note the attached instructions). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above. **NOTE: ANY PRACTICE PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.**

I hereby submit my qualifications and make application for a license to practice OPTOMETRY
in the State of Idaho under the provisions of Title 54, Chapter 15, Idaho Code as amended.

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Address of Record** _____
Street / PO Box / Apt # City State Zip

3. **Mailing Address** _____
Street / PO Box / Apt # City State Zip

4. **Date of Birth** ____/____/____ **Place of Birth** _____ **Social Security No.** ____/____/____
month day year
(Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

5. **Daytime phone** (____) _____ **Home phone** (____) _____ **E-mail** _____

6. **Have you graduated from an accredited college or university of optometry?** [☐] Yes [☐] No
(If Yes, a certified copy of your transcripts and diploma must be received by the Board before your application will be processed.
If No, a certified copy of your undergraduate degree & transcripts and)

7. **Are you or have you ever been licensed to practice optometry wholly or in part in any state?** [☐] Yes [☐] No
(If Yes, certification of licensure must be received directly from the licensing authority before your application will be processed.)

8. **Have you ever had a professional or occupational license revoked or otherwise sanctioned?** [☐] Yes [☐] No
(If Yes, a copy of the findings of fact and final order must be received by the Board before your application will be processed.)

9. **Have you ever been convicted of any State or Federal felony?** [☐] Yes [☐] No
(If Yes, a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached.)

10. **PHOTOGRAPH:** All applicants must attach an original 3" X 3" unmounted photo (head & shoulders only) of themselves taken within the 12 months immediately preceding this application.

ATTACH PHOTOGRAPH HERE	HEIGHT	_____
	WEIGHT	_____
	EYE COLOR	_____
	HAIR COLOR	_____
	OTHER DISTINGUISHING FEATURES	_____ _____ _____

(continued)

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APPLICATION FOR LICENSURE
(continued)

11. ENDORSEMENT. If you are applying for licensure based on a license or registration that you hold in another state or a foreign country, the state or foreign country must have similar requirements for licensing or registration as those provided for new applicants in Idaho (including therapeutic privileges). Your license or registration to practice optometry must be current and in good standing and you must have been actively engaged in the practice of optometry for the immediate past 5 years.

The Board must receive official certified documentation of said licensure directly from the licensing authority. The certification must include the following information:

- Applicant name.
- Applicant license or registration number.
- Date of issue.
- Date of next expiration.
- Method of licensure (exam or endorsement).
- Any disciplinary action.

Many licensing authorities charge a fee for official certification. You must contact the appropriate authority and follow their instructions for requesting certification.

12. CERTIFICATE TO OBTAIN & USE THERAPEUTIC PHARMACEUTICAL AGENTS.

Do you wish to obtain a certificate to obtain & use pharmaceutical agents? ☐ Yes ☐ No

If Yes, the Board must receive the following:

- A copy of your current Cardiopulmonary Resuscitation (CPR) card showing the issue and expiration dates;
- A certified copy of your Treatment and Management of Ocular Diseases (TMOD) test results.
- An additional \$10.00 fee.

AFFIDAVIT

I hereby certify under penalty of perjury that the responses provided above and that all attached documentations are true and accurate to the best of my knowledge and belief and that I am of good moral character and temperate habits. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the practice of Optometry. I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 19 _____.

(seal)

Notary Public official signature
my commission expires _____